

POSITION	INITIALS	ID #.	DATE
<b>FEE DETERMINATION</b>	H.A.		08/29/01
<b>O.I.P.E. CLASSIFIER</b>			7/5
<b>FORMALITY REVIEW</b>	H.L.	(C749) 971	09/26/01
<b>RESPONSE FORMALITY REVIEW</b>	lit.		3.872

**INDEX OF CLAIMS**

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral) ... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Final	Original	Date
1	✓	✓	7/2/01
2	✓	✓	7/3/01
3	✓		
4	✓		
5	0	0	
6	✓	✓	
7	✓	✓	
8	0	0	
9	✓	=	
10	0		
11			
12	✓		
13	✓	✓	
14	0	0	
15	✓	✓	
16	0		
17	0		
18	✓		
19	0	0	
20	✓	✓	
21	✓	✓	
22	0	0	
23	=	=	
24	✓	✓	
25	0		
26	0		
27	✓		
28	0	0	
29	✓	✓	
30	✓	✓	
31	0	0	
32	=	=	
33	✓		
34	✓		
35			
36			
37			
38			
39			
40			
41			
42			
43			
44			
45			
46			
47			
48			
49			
50			

If more than 150 claims or 10 actions  
staple additional sheet here

(LEFT INSIDE)

BEST AVAILABLE CC.